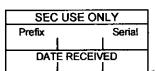
FORM D



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

1343	969	
OMB AP	PROVAL	
OMB Number:	3235-0076	5
Expires:	April 30, 2008	3
Estimated aver	age burden	
hours per resp	onse 16.00	J



UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
SERIES C PREFERRED STOCK AND WARRANTS TO PURCHASE SERIES C PREFERRED STOCK	RECENTED
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE	
Type of Filing: New Filing Amendment	1 2 2 E
A. BASIC IDENTIFICATION DATA	<u>~~</u> <007 \ \
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Anagran, Inc.	
Address of Executive Offices: (Number and Street, City, State, Zip Code) Telephone Number (Including Area Co	SENEECTION.
2055 Woodside Road, Suite 200, Redwood City, CA 94061 (650) 298- 9029	
Address of Principal Business Operations: (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same	de)
Brief Description of Business: Communication Switching Equipment	
Type of Business Organization Corporation Ilimited partnership, already formed other (please specify): public limited compa	uny
□ business trust □ limited partnership, to be formed □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
Actual or Estimated Date of Incorporation or Organization: Month Year Actual C	OC ESSED EC 1 9 2007
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: DE	EC 1.9.2007
GENERAL INSTRUCTIONS	TUIVISON
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given belo if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.	w or,
Where to File: U.S. Securities and Exchange Commission, 100 F Street, NE, Washington, DC 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not mar signed must be photocopies of the manually signed copy or bear typed or printed signatures.	nually
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and eing, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in A and B. Part E and the Appendix need not be filed with the SEC.	offer- Parts
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those s that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Adminis in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the ex tion, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with law. The Appendix to the notice constitutes a part of this notice and must be completed.	trator :emp-
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated of the filing of a federal notice.	the n

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC ID	ENTIFICATION DATA		
2. Enter the information requested for the following:			
Each promoter of the issuer, if the issuer has been organize			
Each beneficial owner having the power to vote or disp	ose, or direct the vote or dispo	sition of, 10% o	r more of a class of equity
securities of the issuer;		•	6
Each executive officer and director of corporate issuers	and of corporate general and	managing partr	ers of partnership issuers;
 Each general and managing partner of partnership issuers 			
		Director	☐ General and/or
Check Box(es) that Apply: Promoter Beneficial O	wher M Executive Officer	M Director	Managing Partner
Full Name (Last name first, if individual)			
Niederman, Kim			
Business or Residence Address (Number and Street, City,	State Zin Code)		
2055 Woodside Road, Suite 200, Redwood	<u>-</u>		
Check Box(es) that Apply: Promoter Beneficial O		Director	General and/or
Check Box(cs) that Apply. [110hotel Beneficial o	wher Executive officer	Director	Managing Partner
Full Name (Last name first, if individual)			Q D
Finocchio, Robert			
Business or Residence Address (Number and Street, City,	State, Zip Code)		
2055 Woodside Road, Suite 200, Redwood			
Check Box(es) that Apply: Promoter Beneficial O		Director	General and/or
onen box(es) aim repp.y.		23 22000	Managing Partner
Full Name (Last name first, if individual)			
Brown, Dan			
Business or Residence Address (Number and Street, City,	State, Zip Code)		
2055 Woodside Road, Suite 200, Redwood			
Check Box(es) that Apply: Promoter Beneficial O	wner	Director	General and/or
			Managing Partner
Full Name (Last name first, if individual)			
Packard, Warren			
Business or Residence Address (Number and Street, City, S	State, Zip Code)		
2055 Woodside Road, Suite 200, Redwood	City, CA 94061		
Check Box(es) that Apply: Promoter Beneficial O	wner	☐ Director	General and/or
			Managing Partner
Full Name (Last name first, if individual)			
Entities Affiliated with ArrowPath Venture P	artners		
Business or Residence Address (Number and Street, City, S	State, Zip Code)		
3 Lagoon Drive, Suite 130, Redwood Shores,	CA 94065		
Check Box(es) that Apply: Promoter Beneficial O	wner Executive Officer	☐ Director	General and/or
			Managing Partner
Full Name (Last name first, if individual)			
Entities Affiliated with Draper Fisher Jurvets	on		
Business or Residence Address (Number and Street, City, 5	State, Zip Code)		
2882 Sand Hill Road, Suite 150, Menlo Park, C	CA 94025		
Check Box(es) that Apply: Promoter Beneficial Or	wner	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			<u> </u>
Phelps, Laura			
Business or Residence Address (Number and Street, City, S	State, Zip Code)		
2055 Woodside Road, Suite 200, Redwood (

		A. BASIC IDENTII	TCATION DATA		
Each promoter of the iss Each beneficial owner becautities of the issuer;	uer, if the issue	r has been organized with	-	sition of, 10% or	more of a class of equity
and		-	f corporate general and	managing partno	ers of partnership issuers;
• Each general and manage Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Entities Affiliated	•	ced Technology Vent	ures		
Business or Residence Addres 485 Ramona Stre	•	and Street, City, State, 2 , CA 94301	Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Entities Affiliated	•	Anagran, LP.			
Business or Residence Addres c/o Argon Capita	•	· · · · · · · · · · · · · · · · · · ·	Zip Code) ^h Floor, Redwood Sh e	ores, CA 9406!	5
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Roberts, Lawrence	•				
Business or Residence Addres 2055 Woodside F		and Street, City, State, 2	-		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number a	and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number a	and Street, City, State, 2	Cip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Business or Residence Address	(Number ar	nd Street, City, State, Zip (Code)		

					B. INF	ORMAT	ION ABO	UT OFF	ERING					
1 Ua	e the icense	, reald are	does the is	cuer intend	I to sell t	o non-scc	redited ins	ectors in t	his offerir	107			Yes	No ⊠
1. 116.	s are issue.	i soiu, oi i	uoes nie is	Answer al									··· 🗀	
2. Wh	nat is the m	ninimum i	nvestment			•		-			••••		N/A	
		•••••					,						Yes	
													🛛	
sion to l list or c	n or simila be listed in the name lealer, you	r remuner s an assoc of the br n may set	ration for s ciated pers oker or de forth the in	or each pe solicitation son or agen aler. If m nformation	of purchant of a brone than	asers in co oker or de five (5) p	onnection vegis ealer regis ersons to	with sales stered with be listed a	of securiti the SEC	ies in the e and/orw	offering. I rith a state	f a person or states,		
Full Na	ıme (Last	name first	, if individ	lual)										
Busine	ss or Resid	dence Add	lress (Num	ber and St	reet City	State 7i	n Code)							
Dusine	33 01 1631	John Ma	ness (14m)	ioci una bi	oc, city	, oune, 21	p code,							
Name o	of Associa	ted Broke	r or Deale	г								· · · · ·		
States i	n Which I	Person Lis	ted Has Se	olicited or	Intends to	Solicit Po	urchasers							
(Ch	eck "All S	States" or	check indi	vidual Stat	tes)								AII S	itates
					•									
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	CA⊠ [KY]	[CO]	[CT]	[DE] [MD]	[DC]	[FL]	[GA]	[HI]	[ID]		
[MT]	[NE]	[NV]	[NH]	נאז) [עאן	[LA] [NM]	[ME] [NY]	[NC]	[MA] [ND]	(MI) [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	me (Last	name first	, if individ	lual)		N/A								
Busine	ss or Resid	dence Add	lress (Nun	ber and St	reet, City	, State, Zi	p Code)		N/A					
Name o	of Associa	ted Broke	r or Deale	r		N/A								
States i	n Which F	erson Lis	ted Has So	olicited or	Intends to	Solicit Pu	ırchasers							•
(Ch	eck "All S	States" or	check indi	vidual Stat	es)		•••••						All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold Debt Equity Common ☐ Preferred Convertible Securities (including warrants) \$18,000,000 \$ 18,000,000 Partnership Interests Other (Specify) \$ 18,000,000 Answer also in Appendix, Column 3, if filing under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases of the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors..... \$ 18,000,000 Non-accredited Investors.... Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505......N/A Regulation A.....N/A.... Rule 504......N/A Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Excluded amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees □s Printing and Engraving Costs □ \$ Legal Fees ⊠ \$<u>25,000</u> Accounting Fees □ **\$**_____ Engineering Fees Sales Commissions (specify finders' fees separately) □ **\$**____ Other Expenses (identify) Finders' fees Total **∑ \$25,000**

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Repayment of indebtedness Working capital			
Construction or leasing of plant bui Acquisition of other businesses (inc this offering that may be used in ex another issuer pursuant to a merger	ldings and facilitiesluding the value of securities involved in change for the assets or securities of	🗆 \$	s
Acquisition of other businesses (inc this offering that may be used in ex-	luding the value of securities involved in change for the assets or securities of		
Purchase, rental or leasing and insta Construction or leasing of plant bui	_	🗆 s	5
			rs, s, & Payments es Others \$ \$
furnish an estimate and check the box to	m. If the amount for any purpose is not known, the left of the estimate. The total of the payments ceeds to the issuer set forth in response to Part C -	Officer	' S,

